

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

Case No.: 10-52566 kms

Debtor: Catherine Ann Hayes SS # xxx-xx-7713 Current Monthly Income \$400.00
Address: 208 Ann Street Collins, MS 39428 No. of Dependents _____
Telephone No. _____ Tax Refunds and EIC for Distribution: _____

THIS PLAN DOES NOT ALLOW CLAIMS, Creditors must file a proof of claim to be paid under any plan that may be confirmed and the treatment of all secured priority debts must be provided for this plan.

PAYMENT AND LENGTH OF PLAN:

The plan period shall be for a period of **57** months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed or the recipient of government benefits.

(A) Debtor shall pay \$282.00 per month to the Chapter 13 Trustee. A payroll deduction order will be issued to

Debtor will pay direct

PRIORITY CREDITORS. Filed claims that are not allowed to be paid in full: IRS \$0.00 @ \$0.00/mo
State Tax Commission \$0.00 @ \$0.00/mo. Other \$0.00 @ \$0.00/mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: NONE

PRE-PETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: None

HOME MORTGAGE(S):

MTG PMTS TO: USDA RHS BEGINNING January 2011 @ \$244.45 Direct

MTG ARREARS TO: USDA RHS THROUGH December 2010 \$14,422.55

SECURED CLAIMS: Creditors that have filed claims that are not allowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column Total Amt to be Paid or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor s Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt to Be Paid	Monthly Payment
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Debtor s Initials CAH _____ Joint Debtor s Initials: _____ CHAPTER 13 PLAN, PAGE 1 OF 2

SPECIAL CLAIMANTS: (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor s Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to be Paid
NONE			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: **NONE**

UNSECURED DEBTS: totally approximately \$0.00 are to be paid in deferred payments to creditors that have filed claims that are not allowed: _____ IN FULL or **0.00%** (PERCENT MINIMUM)

Total Attorney Fees Charged: \$2,800.00	Pay Administrative costs and debtor s attorney fees
Attorney Fees Previously Paid: \$0.00	Pursuant to Court Order and/or local rules
Attorney Fees to be paid through Plan:* \$0.00	
*Attorney fees to be paid by legal services program	

Name/Address/Phone # of Vehicle Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone # /Email)

John H. Anderson
713 Arledge Street
Hattiesburg, MS 39401-4349
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Email Address: johnjohna7@aol.com

Date: November 9, 2010 DEBTOR S SIGNATURE: /s/ Catherine Ann Hayes

JOINT DEBTOR S SIGNATURE: _____

ATTORNEY S SIGNATURE: /s/ John H. Anderson

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